



Qualitative and demographic differences in quality of life among individuals with disabilities in the Kingdom of Saudi Arabia during the Corona pandemic

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Abstract

This paper aimed to Discuss the level of quality of life for individuals with disabilities in light of the Corona pandemic in Saudi Arabia, due to the variables of gender, age and type of disability. The study sample consisted of 158 male and female individuals of different ages with disabilities in the Kingdom of Saudi Arabia. The researcher used the quality-of-life scale prepared by him, which consists of five dimensions, including (26) paragraphs, and the results showed that there are differences between people with learning disabilities and people with physical disabilities in favor of people with learning disabilities, and between people with hearing disabilities and autism, people with physical disabilities, and people with mental disabilities, in favor of people with hearing disabilities. And there were no

statistically significant differences in research sample due to the gender, And There are statistically significant differences research sample due to age in favor of less than 12 years.

Keywords

Quality of life disabilities Corona pandemic

Introduction

The World Health Organization announced in March (2020) that the new Corona virus (Covid 19) is a global pandemic, it is the largest health and social crisis in the twenty-first century, as the world has since that day been living a pandemic that does not differentiate between people or levels "rich or poor, strong or Weak, ill or healthy, and this pandemic imposed on everyone to take many precautions to prevent the spread of the virus, and despite these precautionary measures, the number of infections and deaths is constantly increasing, which has led to an increase in anxiety, fear and depression among individuals, as it is not one of the It is easy for a person to refrain from leaving his home and not visiting his family or receiving them, and this pandemic has affected everyone in general and people with disabilities in particular, as they depend on the help of others for them, fulfilling their needs, and a decrease in the feeling of happiness and satisfaction with life among individuals (Wang & Zhao, 2020).

The corona pandemic has had a huge impact on how people go about their daily lives. The sudden change along with necessary measures such as self-isolation and social distancing has been a particular challenge for people with special needs and disabilities and their families, due to their reliance on many professional services and informal support, moreover, people with disabilities are more likely to develop psychological problems which may be present A pre-existing result of disability that increases due to sudden change in routine, and therefore likely to require rapid support (Turk & McDermott, 2020) Persons with disabilities are at high risk of contracting this virus due to disability-specific issues, such as poor understanding/understanding of the hand-washing message, physical dependence Hand hygiene, oral sensory behaviors, etc., hospitals are often ill-equipped to deal with people with disabilities are not adequately funded/resourced to be able to provide the necessary level of care) and thus people with disabilities will be less likely to receive adequate care (Dickinson & Yates, 2020).

In order to overcome the effects of the Corona pandemic, many measures have been taken to protect this very vulnerable group as it is at greater risk than the ordinary, and this included providing some basic supplies and basic care needs for them and easing their isolation as the ban measures applied to them were reduced. Ordinary people and people with disabilities are allowed to leave their homes more than once a day, allowing them to leave their homes more than once a day in countries such as the UK that have relaxed public health protocols for those people (Limaa, Barrosa & Aragãoa, 2020).

Research around the world shows that people with disabilities are more likely to be poor, less likely to be at work, and more likely to be socially isolated, making them more likely to have poor health outcomes within a pandemic. Health services remain inaccessible and worsen during epidemics. It means that without proactive policies to protect people with disabilities, we are likely to see an increasing gap in socioeconomic and health outcomes between people with and without disabilities and that people with disabilities face additional challenges as a result of their functional limitations; But most importantly, the many barriers that society places in their way. Lack of a comprehensive humanitarian response, neglect and separation from family members are common ways of violating the rights of these children (Schiariti, 2020).

The Kingdom of Saudi Arabia seeks to provide health and social care to all its citizens of all categories, and people with special needs come at the top of the groups that need care. People with special needs constitute 7.1% of the total population of the Kingdom, which necessitates the Kingdom to provide programs for the protection of the disabled and their health and social care, while providing appropriate educational and work opportunities through rehabilitation programs. Therefore, the Kingdom's Vision 2030 in supporting the disabled includes many initiatives to support the rights of people with special needs, and to increase the services provided to the disabled in the Kingdom of Saudi Arabia. The Kingdom has sought to support and promote the rights of people with special needs through the following (Al-Mousa, 2022):

1. Protection of the disabled from abuse: through the establishment of a system of protection from abuse to provide the necessary care for people with special needs. Awareness of the dangers of abuse and its negative effects.

2. Social care services: by enhancing the services provided to the disabled in the Kingdom of Saudi Arabia, to help facilitate their lives and achieve their well-being. And providing a monthly financial aid to individuals with special needs.

3. Rehabilitation centers for the disabled: In order to achieve the Kingdom's 2030 vision in supporting the disabled, the Kingdom has established many rehabilitation centers. These include vocational rehabilitation centers for the handicapped to join the appropriate professions. The Kingdom also provides many social rehabilitation centers to support the disabled throughout the Kingdom.

4. Health care services for the disabled: where the Kingdom provides the necessary health care for the disabled and people with special needs by supporting disease prevention, and early detection of diseases through the necessary examinations and analyzes. It provides health rehabilitation services for the disabled such as physiotherapy, prosthetic devices and others.

Fridman (2021) conducted a study aimed at discovering the impact of the COVID-19 pandemic on the quality of life of individuals with mental and developmental disabilities, where an analysis of interviews was conducted with 2284 people with mental and developmental disabilities, and the results indicated that the pandemic was difficult on the lives of these individuals. The quality of life

of many of them hindered in a number of areas, namely, continuity and security, interaction with other members of society, participation in community life, intimate relationships, and choice of goals.

In his study, Belerdouh (2021) identifies the level of quality of life for people with disabilities in light of the Corona pandemic, in addition to finding out whether there are differences in the level of quality of life according to the variables of gender, age and type of need. In order to achieve the objectives of the study, the descriptive approach was used, and the quality-of-life scale was relied on by Bushra Ismail (2008), and the results revealed that people with disabilities enjoy a medium degree of quality of life in light of the Corona pandemic, and that there are no statistically significant differences in the quality of life due to the variable Gender, age and type of need. And in Ahmed's study (2021) which aimed to identify the common problems of children with disabilities and their families in light of the emerging pandemic of the Corona virus, and to know to what extent these problems differ according to the type of disability in the Republic of Egypt. The results of the research showed: that there are health problems, social/economic problems, disability problems, as well as common anxiety problems among children with disabilities and their families during the emerging corona virus pandemic. These common problems differed according to the type of disability. Parents' attitudes toward home education for their children with disabilities were in the direction of rejection, and their attitudes toward the ability of children with disabilities to deal with social media and distance education were in the direction of inability. There were also many difficulties in distance education via the Internet among categories of people with different disabilities from the parents' point of view, and these difficulties differed according to the nature of the disability and the accompanying shortcomings.

Reviewing the impact of the COVID-19 pandemic on the quality of life of individuals with disabilities, understanding the changes taking place in multiple aspects of their lives, and understanding the factors influencing them is urgent to reduce long-term consequences and improve their quality of life, as well as support their needs, and ensure the continuity of the provision of necessary community services (Lebrasseur, et al., 2021)). Hence the need to work on assessing the quality of life for individuals with disabilities in the Saudi context, with the participation of individuals with disabilities themselves in the measurement process, to reach the best international practices for quality of life and to achieve an updated comprehensive Saudi perspective on quality of life targeting all individuals with disabilities.

This paper focuses on measuring the quality of life for individuals with disabilities during the COVID-19 pandemic in the Saudi context, and understanding the changes related to the performance areas and the potential health, social and psychological conditions to which these individuals are exposed, according to the variables of disability category, gender, and age group by answering the following questions: the following questions:

1- Are there statistically significant differences between individuals with disabilities due to the disability category?

2- Are there statistically significant differences between individuals with disabilities due to gender?

3- Are there statistically significant differences between individuals with disabilities due to the age group?

2. Methods and materials

2.1. Participants

The study sample consisted of 158 individuals, males and females, and their description is shown in the tables below by type of disability, gender, age group, and the respondent who completed the questionnaire.

Table (1): Distribution of the sample due to the category of disability

Disability Category	Number	Percentage
Learning Disabilities	24	15.2%
Visual impairment	32	20.3%
Autism	32	20.3%
Physical and motor disabilities	32	20.3%
Hearing impairment	20	11.4%
Mental disabilities	18	11.4%
Total	158	100%

Table (2): Distribution of the sample due to gender

Sex	Number	Percentage
Male	94	59.5%
Female	64	40.5%
Total	158	100%

Table (3): Distribution of the sample due to age

Age category	Number	Percentage
Under 12 years	34	21.5 %
from 12 to 18	38	24.1 %
more than 18	86	54.4 %
Total	158	100%

Table (4): Distribution of the sample due to the type of respondent

Category	Number	Percentage
Teachers and specialists	62	39.2 %
Parents	70	44.3 %
person with a disability	22	13.9 %
Brothers	4	2.5 %
Total	158	100%

data moderation

To verify the normal distribution of the sample, the Kilmogrove-Smirnov

test was conducted, the skewness was (0.007) and the standard error was (0.266), while the kurtosis was (0.866) and the standard error was (0.526), and the significance level of the Kilmogrove-Smirnov was (0.2), which indicates that there is no differences, and that the sample distribution is a normal distribution, which indicates the possibility of using nonparametric statistical tests with the current sample because it has a normal distribution.

Study tools

To achieve the objectives of the study, the researcher used the quality-of-life scale prepared by him after verifying its psychometric properties, and they were as follows:

Validity of the scale

To verify the validity of the scale, the internal consistency of the scale items was found by finding the Pearson's correlation coefficient between each item of the scale, and the total score of the scale. The results were as shown in the table (5) below, the correlations were ranged between (0.221- 0.841) and all correlations were significant at (0.01).

Table (5): Internal consistency validity

paragraph number	Paragraph Correlation to Scale
1	0.620**
2	0.597**
3	0.221**
4	0.230**
5	0.841**
6	0.818**
7	0.791**
8	0.802**
9	0.737**
10	0.759**
11	0.742**
12	0.568**
13	0.620**
14	0.696**
15	0.693**
16	0.743**
17	0.736**
18	0.750**
19	0.796**
20	0.786**
21	0.786**
22	0.785**
23	0.758**
24	0.694**
25	0.685**
26	0.537**

Reliability of the scale

As for the reliability, it was found using the Cronbach’s alpha equation, the split-half, after modification by the Spearman and Brown equation, and the Guttman equation, and the results of this procedure are shown in Table (6), where the reliability ranged between (0.815 - 0.954), which are high stability coefficients.

Table (6): Reliability of the scale

Reliability Coefficient Name	Reliability Coefficient Amount
Alpha Cronbach	0.954
Spilt-Half Method	0.815
Spearman Brown	0.898
Getman	0.883

Data analysis

Q1: Are there statistically significant differences between individuals with disabilities due to the disability category?

To answer the first question of the study, which reads, "Are there statistically significant differences between individuals with disabilities that are attributed to the disability category?" One-way analysis of variance (ANOVA) and (LSD) test were applied for dimensional analysis, table (7) (8) as follows:

Table (7): One-way analysis of variance (ANOVA)

Data analysis					
Data analysis					
Data analysis	Sum of Squares	df	Mean Square	F	Sig.
Data analysis	4833.011	5	966.602	2.406	.039
Data analysis	61062.786	152	401.729		
Data analysis	65895.797	157			

Table (8): Multiple Comparisons due to the disability category

Multiple Comparisons						
Dependent Variable						
LSD						
type of disability (1)	type of disability (j)	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Learning difficulties	Visual disability	5.313	5.412	.328	-5.38-	16.01
	Autism	10.125	5.412	.063	-.57-	20.82
	Physical and movement disability	10.875*	5.412	.046	.18	21.57
	Hearing disability	-3.900-	6.068	.521	-15.89-	8.09
	Mental disability	12.222	6.250	.052	-.12-	24.57

Visual disability	Learning difficulties	-5.312-	5.412	.328	-16.01-	5.38
	Autism	4.813	5.011	.338	-5.09-	14.71
	Physical and movement disability	5.563	5.011	.269	-4.34-	15.46
	Hearing disability	-9.213-	5.713	.109	-20.50-	2.08
	Mental disability	6.910	5.905	.244	-4.76-	18.58
Autism	Learning difficulties	-10.125-	5.412	.063	-20.82-	.57
	Visual disability	-4.812-	5.011	.338	-14.71-	5.09
	Physical and movement disability	.750	5.011	.881	-9.15-	10.65
	Hearing disability	-14.025-*	5.713	.015	-25.31-	-2.74-
	Mental disability	2.097	5.905	.723	-9.57-	13.76
Physical and movement disability	Learning difficulties	-10.875-*	5.412	.046	-21.57-	-.18-
	Visual disability	-5.562-	5.011	.269	-15.46-	4.34
	Autism	-.750-	5.011	.881	-10.65-	9.15
	Hearing disability	-14.775-*	5.713	.011	-26.06-	-3.49-
	Mental disability	1.347	5.905	.820	-10.32-	13.01
Hearing disability	Learning difficulties	3.900	6.068	.521	-8.09-	15.89
	Visual disability	9.213	5.713	.109	-2.08-	20.50
	Autism	14.025*	5.713	.015	2.74	25.31
	Physical and movement disability	14.775*	5.713	.011	3.49	26.06
	Mental disability	16.122*	6.512	.014	3.26	28.99
Mental disability	Learning difficulties	-12.222-	6.250	.052	-24.57-	.12
	Visual disability	-6.910-	5.905	.244	-18.58-	4.76
	Autism	-2.097-	5.905	.723	-13.76-	9.57
	Physical and movement disability	-1.347-	5.905	.820	-13.01-	10.32
	Hearing disability	-16.122-*	6.512	.014	-28.99-	-3.26-

*. The mean difference is significant at the 0.05 level.

Table (7) (8) results revealed statistically significant differences between groups of people with disabilities in the quality of life during the Corona pandemic, where the value of P (2.406) was found, where differences were found between

people with learning disabilities and people with disabilities. Physically for the benefit of people with learning disabilities, and between people with hearing disabilities and autism, people with physical disabilities, and people with intellectual disabilities, in favor of people with hearing disabilities.

Q 2: Are there statistically significant differences between individuals with disabilities due to gender?

To answer the second question of the study, which reads, "Are there statistically significant differences between individuals with disabilities due to gender?" A t-test was applied between males and females, in table (9) (10):

Table (9): Arithmetic means and standard deviations of quality of life according to gender

Group Statistics					
	Sex	N	Mean	Std. Deviation	Std. Error Mean
Sum	Male	94	75.43	21.780	2.246
	Female	64	73.81	18.551	2.319

Table (10): T-test for Equality of Means

Independent Samples Test										
Levene's Test for Equality of Variances				t-test for Equality of Means						
Sum		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Sum	Equal variances assumed	603.438	.485	156	629	1.613	3.328	-4.961	8.187	
	Equal variances not assumed			500	148.270	618	1.613	3.229	-4.767	7.993

Tables (9) (10) results revealed that there were no statistically significant differences between males and females in quality of life.

Q3: Are there statistically significant differences between individuals with disabilities due to the age group?

To answer the third question of the study, which reads, "Are there statistically significant differences between individuals with disabilities due to the

age group?" One-way analysis of variance (ANOVA), The Tukey's honest significant difference (HSD) test was used to find means that were significantly different from each other, table (11) (12):

Table (11): One-way analysis of variance (ANOVA) for the effect of age group on quality of life

ANOVA					
Sum					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2658.384	2	1329.192	3.258	.041
Within Groups	63237.414	155	407.983		
Total	65895.797	157			

Table (12): (Tukey HSD) test

Multiple Comparisons						
Dependent Variable: Sum						
Tukey HSD						
(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
under 12 years old	12 to 18 years old	4.452	4.768	.620	-6.83-	15.74
	Over 18 years old	10.015*	4.092	.041	.33	19.70
12 to 18 years old	under 12 years old	-4.452-	4.768	.620	-15.74-	6.83
	Over 18 years old	5.563	3.935	.336	-3.75-	14.87
Over 18 years old	under 12 years old	-10.015-*	4.092	.041	-19.70-	-.33-
	12 to 18 years old	-5.563-	3.935	.336	-14.87-	3.75

*. The mean difference is significant at the 0.05 level.

The results of Table (11) (12) revealed that there were statistically significant differences according to the three age groups, which were between less than 12 years and more than 18, in favor of less than 12 years.

2.3. Result discussion

The results showed that there are differences between people with learning disabilities and people with physical disabilities in favor of people with learning disabilities, and between people with hearing disabilities and autism, people with physical disabilities, and people with mental disabilities, in favor of people with hearing disabilities. The researcher attributes this result to the fact that people with learning disabilities are less understanding of public health instructions about the Corona pandemic, and they need someone to help them with study matters and need Special programs, and the lack of this assistance during the Corona pandemic made them feel a decrease in the quality of life, and people with hearing disabilities

were also affected more than others in the Corona pandemic, so the researcher attributed it to their need to get out of the house to expose the rest of their senses to experiences, and their sense of entertainment.

The results revealed that there were no statistically significant differences between males and females in quality of life. This is in order to equal opportunities for both of them, during the quarantine period, as all the opportunities available to males, such as telephone, television, and others, are available to females.

There are statistically significant differences according to the three age groups, which were between less than 12 years and more than 18 years, in favor of less than 12 years. The researcher attributes this result to the immaturity of the experiences of this age group, and their lack of ability to adapt to life conditions, in addition to the love of this group to play and socialize with friends who were deprived during the Corona pandemic.

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